

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
In Re:

Chapter 7

Case No. 1-17-42059 (2)

PHYLLIS FRANCIS DAVID  
Debtor(s)  
-----X

LOSS MITIGATION REQUEST - BY DEBTOR

I am a Debtor in this case. I hereby request to enter into the Loss Mitigation Program with respect to *[Identify the property, loan and creditor(s) for which you are requesting loss mitigation]*:

34-54 70<sup>th</sup> STREET, JACKSON HEIGHTS  
*[Identify the Property]*  
0981 NY-11372  
*[Last 4 Digits of Loan Number]*  
CALIBER HOME LOANS P.O BOX 24610  
*[Creditor's Name and Address]*  
OKLAHOMA CITY, OK - 73124

SIGNATURE

I understand that if the Court orders loss mitigation in this case, I will be expected to comply with the Loss Mitigation Procedures. I agree to comply with the Loss Mitigation Procedures, and I will participate in the Loss Mitigation Program in good faith. I understand that loss mitigation is voluntary for all parties, and that I am not required to enter into any agreement or settlement with any other party as part of entry into the Loss Mitigation Program. I also understand that no other party is required to enter into any agreement or settlement with me. I understand that I am not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period.

Sign: Phyllis Francis Date: July 26, 20 17

Print Name: PHYLLIS FRANCIS DAVID  
*[First and Last Name]*

Telephone Number: 347 744 3611  
*[i.e. 999-999-9999]*

E-mail Address [if any]: OSPHYLLISSALEENA@GMAIL.COM

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U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK

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EASTERN DISTRICT OF NEW YORK

In re: Phyllis F David <sup>x</sup>

Case No. 1-17-42059  
Chapter 7

Debtor(s)  
-----x

CERTIFICATE OF SERVICE

The undersigned debtor certifies that on JULY 27, 2017 a copy of the  
annexed papers was served by depositing same, enclosed in a properly addressed postage-  
paid envelope, in a official depository under the exclusive care and custody of the United  
States Postal Service within the State of New York. Upon (specify name and mailing

address of each party served): ROSICHA, Rosich & Associates PC  
51 EAST BETHPAGE ROAD  
PLAINVIEW, NY 11803

Dated: JULY 27, 2017

Phyllis F David  
Debtor(s) (signature)